

PRINTED: 11/14/2017
FORM APPROVED
OMB NO. 0938-0391

12/15/2017

TITLE

(20) DATE _____

11/24/17

721004

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/14/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ELIZABETHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 HIGHWAY 19E ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 309	<p>Continued From page 1</p> <p>(I) Dialysis. The facility must ensure that residents who require dialysis receive such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility failed to follow a physician's order for colostomy care and failed to process a physician's order for an antibiotic for 1 resident (Resident #138) of 25 residents reviewed.</p> <p>The findings included:</p> <p>Review of the facility policy, "Administration of Medication" not dated revealed, "...medications are administered safely...appropriately...Initial each medication in the correct box on the MAR [medication administration record] after the medication is given...circle initials on MAR if medication is not administered as ordered and record reason on MAR medication is ordered but not present...check...drawers...If it was placed in the wrong drawer...call the pharmacy or supervisor to obtain the medication..."</p> <p>Review of the facility policy "Colostomy, Ileostomy, or Urostomy", revised 11/28/16 revealed, "...procedure developed to provide a safe standard method for the care and maintenance of a patient with a colostomy...physician's order will be obtained for ostomy care...regarding appliance...barrier...skin care...documentation...time...initials of person doing treatment...develop the comprehensive</p>	F 309	<p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <p>a. All residents who have an order for ostomy care was audited by DON on November 1, 2017.</p> <p>b. No other residents who required ostomy care were affected by the alleged deficient practice.</p> <p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p> <p>a. The staff development coordinator will educate 100% of licensed nurses by November 30, 2017 on Life Care Center of Elizabethton's Medication Administration Policy.</p> <p>b. The Director of Nursing will audit the MAR of residents with ostomy's to ensure nursing is complying with Medication Administration Policy weekly for 3 months or until 100% compliance achieved.</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/14/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ D. WING _____		(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF ELIZABETHTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1641 HIGHWAY 18E ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 309	<p>Continued From page 2 person-centered careplan..."</p> <p>Review of the facility policy "Physician's Orders/Transcription" revised 10/2004 revealed "...proper channels of communication are used to ensure accurate delivery of medications and treatments...receiving an order...physician...must write order on order sheet...each time...nurse charts...physician orders section should be checked for new orders...sign...order sheet...indicating orders have been transcribed...draw line on order sheet below the order...send copy to pharmacy..."</p> <p>Resident #138 was admitted to the facility on 3/15/16 with diagnoses of Chronic Obstructive Pulmonary Disease, Heart Failure, Anxiety Disorder, Hypertension, Muscle Weakness, Dementia Without Behavioral Disturbance, Depression, Adult Failure To Thrive, and Gastroesophageal Reflux Disease.</p> <p>Medical record review of the Quarterly Minimum Data Set (MDS) dated 9/5/16 revealed Resident #138 had a Brief Interview of Mental Status (BIMS) score of 12, indicating Resident #138 had moderate cognitive impairment. Continued review revealed Resident #138 required limited assistance of one person physical assist for personal hygiene. Further review revealed Resident #138 used an ostomy for bowel continence.</p> <p>Medical record review of the Physician Orders dated 11/2016 revealed "...change ostomy wafer and bag weekly...start date 9/9/16..."</p> <p>Medical record review of the Progress Notes dated 11/11/16 revealed "...Resident's</p>	F 309	<p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put in place:</p> <ol style="list-style-type: none"> The DON will present the results of the audits to the Performance Improvement Committee monthly. If it is deemed necessary by the committee, additional education may be provided, the process evaluated/revised, and/or the audits reviewed for 3 months or until 100% compliance is achieved. The Performance Improvement Committee consists of the Executive Director, the Director of Nursing, the Medical Director, And the Health Information Management Director, Director of Maintenance, Director of Environmental Services, the Activities Director, the Social Services Director, the Admissions Director, and the Pharmacy Consultant. <p>12/15/2017</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: Resident #138 was discharged prior to Life Care Center of Elizabethton's annual survey.</p> <p>2. How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:</p> <ol style="list-style-type: none"> All resident's charts will be audited by November 20, 2017 by Director of Nursing to ensure all physician orders were noted and transcribed accordingly. No other residents were affected by the alleged deficient practice. 		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/14/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445302	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/01/2017
-----------------------------------------------------	---------------------------------------------------------------------	----------------------------------------------------------------------	-------------------------------------------------

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF ELIZABETHTON

STREET ADDRESS, CITY, STATE, ZIP CODE

1641 HIGHWAY 18E
ELIZABETHTON, TN 37643

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 309	<p>Continued From page 3</p> <p>daughter...In facility on 11/10/16...noted...ostomy bag/wafer...not been changed as ordered..."</p> <p>Medical record review of the MAR dated 11/2016 revealed colostomy care was not completed on 11/2/16.</p> <p>Medical record review of the Physician/Prescriber Telephone orders dated 11/23/16 revealed "...Rocephin [antibiotic] 1gm [gram] IV [Intravenous] Q [every] day x [times] 10 days..."</p> <p>Medical record review of the MAR dated 11/2016 revealed the physician's order for Rocephin to start on 11/23/16 was not started until 11/24/16.</p> <p>Interview with the Director of Nursing (DON) on 10/31/17 at 3:26 PM, in the DON's office, confirmed the colostomy care was not done on 11/2/17, and the Rocephin was not administered until 11/24/17.</p>	F 309	<p>3. What measures will be put into place or what systematic changes you will make to ensure that the deficient practice does not recur:</p> <p>a. The staff development coordinator will educate 100% of licensed nurses by November 30, 2017 on Life Care Center of Elizabethton's Physician's Orders/Transcription policy.</p> <p>b. The Director of Nursing and/or the Staff Development Coordinator will audit charts twice weekly to ensure nightly chart checks are completed and physician orders are noted/transcribed for 3 months or until 100% compliance is achieved.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e. what quality assurance program will be put in place:</p> <p>a. The DON will present the results of the audits to the Performance Improvement Committee monthly.</p> <p>b. If it is deemed necessary by the committee, additional education may be provided, the process evaluated/revised, and/or the audits reviewed for 3 months or until 100% compliance is achieved.</p> <p>c. The Performance Improvement Committee consists of the Executive Director, the Director of Nursing, the Medical Director, And the Health Information Management Director, Director of Maintenance, Director of Environmental Services, the Activities Director, the Social Services Director, the Admissions Director, and the Pharmacy Consultant.</p>	